11699

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Waldorf,
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) LYNN (Last) BOOTH

4. DATE OF DEATH (Month) DECEMBER (Day) 10 (Year) 1949

5. SEX M
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 2/5/75
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? W.S.A.

13. FATHER'S NAME Charles Booth
14. MOTHER'S MAIDEN NAME Julia Ann Kimbau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Joseph W. Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF THE PANCREAS	3 MONTHS
157 Antecedent cause(s)		
46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) GENERALIZED ARTERIO-SCLEROSIS	10 YEARS
	(c) HYPERTENSIVE CARDIO-VASCULAR DISEASE	4 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NOVEMBER 4 1949
19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF THE PANCREAS
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from NOVEMBER 1947, to DECEMBER, 1949, that I last saw the deceased alive on DECEMBER 5, 1949, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE John H. Griffin, M.D. (Degree or title) ADDRESS Hughesville, Charles Co., Md. DATE SIGNED 12/12/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 12/13/49
NAME OF CEMETERY OR CREMATORY St. Marys
LOCATION (City, town, or county) Bryantown (State) Md.

DATE REC'D BY LOCAL REG. 12/13/49
REGISTRAR'S SIGNATURE M. R. Monroe
24. FUNERAL DIRECTOR Hunt & Ryan, ADDRESS Waldorf, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11700

CERTIFICATE OF DEATH

Reg. Dist. No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata. Md. | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Chas.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Indian Head.
STREET ADDRESS (If rural give location) 42 Mattingly Ave.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Compton (Last) BROOKE
4. DATE OF DEATH: (Month) December (Day) 3 (Year) 1949

5. SEX: Male. | 6. COLOR OR RACE: White | 7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify). | 8. DATE OF BIRTH: July 7, 1872. | 9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Engineer | 10b. KIND OF BUSINESS OR INDUSTRY: Rail road. | 11. BIRTHPLACE (State or foreign country): Pomonkey. Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alvin Joseph Brooke | 14. MOTHER'S MAIDEN NAME: Susan Compton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. No. | 17. INFORMANT: Son: Joseph Compton. Brooke, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary congestion	72 hrs.
434.3 Antecedent cause(s)		
95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial enlargement & progressive failure	3 years
	(c) And other senile changes	7 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ? malignancy of the prostate.

19a. DATE OF OPERATION: None. | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN) — | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None. m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov 29, 1949, to Dec 3, 1949, that I last saw the deceased alive on Dec 2, 1949, and that death occurred at 12:25 EST A.m., from the causes and on the date stated above.

SIGNATURE A. Woodby. (Degree or title) M.D. | ADDRESS La Plata. Maryland | DATE SIGNED December 3, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE 12/5/49 | NAME OF CEMETERY OR CREMATORY Bumpy Oak | LOCATION (City, town, or county) Pomonkey | (State) Md.

DATE REC'D BY LOCAL REG. 12-5-49 | REGISTRAR'S SIGNATURE Julia H. Casey | 24. FUNERAL DIRECTOR Hunt & Ryon, Waldorf, Md. | ADDRESS

DEC 7 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

11701

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN La Plata
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doncaster
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Kessie (Middle) Virginia (Last) Crouse

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3/2/96

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Chas. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Clay Maddox

14. MOTHER'S MAIDEN NAME: Maria Posey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Lorenzo Dow Crouse

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — Interval Between Onset and Death: 10-6-49

443 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease — 2-2-48

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE J. Medelen (Degree or title) M.D. ADDRESS La Plata Md. DATE SIGNED 12-5-49

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 12/7/49 NAME OF CEMETERY OR CREMATORY Chicamuxen M.E. LOCATION (City, town, or county) Chicamuxen (State) Md

DATE REC'D BY LOCAL REG. 12/6/49

REGISTRAR'S SIGNATURE Julia H. Posey

24. FUNERAL DIRECTOR Hunt & Ryon ADDRESS Waldorf, Md.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11702

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 106

1. PLACE OF DEATH

County: Charles

City or town: Maryland Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Nanjemoy

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME James T. Hancock

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Jane Hancock

6.(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): October 9, 1867

8. AGE:

Years	Months	Days	If less than one day
82	1	27	hrs. min.

9. Birthplace: Nanjemoy Charles Co. Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER

12. Name: Matthew Hancock

13. Birthplace: Nanjemoy, Md.

MOTHER

14. Maiden name: Mary Cooksey

15. Birthplace: Centerville Md.

16. Informant: Jane Hancock

Address: Maryland Point, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 7 1949 (month) (day) (year)

Cemetery or crematory: Hancock Burying Ground

Location: Maryland Point.

18. Funeral director: Hunt & Ryon

Address: Waldorf Md.

19. 12/6 1949 Odey Price

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 5 1949, at 10:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 17 1949, to Dec 1949

and that I last saw h... alive on Dec 1 1949

Immediate cause of death	DURATION
Chr. Cerdiac Disease.	
Due to	
Due to	
Other conditions: 434.3 95C (Include pregnancy within 3 months of death)	

Major findings of operation: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: George C. Bicknell M.D. (M. D. or other)

Address: Marbury Md Date signed: Dec 6, 49

RECEIVED
JAN 11 1950
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11703

FILM No. G 124 JAN 23 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Alton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, ~~write RURAL~~ and give nearest town) OR TOWN Bel Alton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) W. (Last) LYLES

4. DATE OF DEATH: (Month) 12 (Day) 17 (Year) 1949

5. SEX M. | 6. COLOR OR RACE Col | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) married | 8. DATE OF BIRTH ~~12/17/49~~ 12/17/18 | 9. AGE last birthday 31 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | 11. BIRTHPLACE (State or foreign country) Chas Co Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John W. Lyles | 14. MOTHER'S MAIDEN NAME Mamie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No | 16. SOCIAL SECURITY NO. | 17. INFORMANT Eva B. Lyles (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY HEMORRHAGE — 12-17-49

002

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) " TUBERCULOSIS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1949, to 12-17, 1949, that I last saw the deceased alive on 12-15, 1949, and that death occurred at 12" m., from the causes and on the date stated above.

SIGNATURE L. Edelen (Degree or title) M.D. ADDRESS LaPlata Md DATE SIGNED 12-17-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12/19/49 | NAME OF CEMETERY OR CREMATORY Newtown M.E. | LOCATION (City, town, or county) LaPlata | (State) Md.

DATE REC'D BY LOCAL REG. 12/19/49 | REGISTRAR'S SIGNATURE Julia H Posey

24. FUNERAL DIRECTOR Hunt & Ryon Waldorf Md | ADDRESS

RECEIVED
DEC 22 1949
BUREAU V. S.

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11704

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:

County: Charles

City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town:
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Laura Thomas

3. (b) Social Security Number

4. Sex: F.

5. Color or race: Negro

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): 1893

8. AGE: Years 55 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Nr Waldorf md
(Town, county, and state)

10. Usual occupation: Restaurant operator

11. Industry or business

FATHER
12. Name: William Thomas
13. Birthplace: Nr Bryantown md

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Herman Payne

Address: Waldorf md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-19-49 (month) (day) (year)

Cemetery or crematory: St Peter

Location: Waldorf md

18. Funeral director: Hunt & Ryan

Address: Waldorf md

19. 12/17 1949 (Date rec'd by registrar) M. L. Moore Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 15 1949 at 11 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1949 to Dec 15 1949 and that I last saw her alive on 11 29 P.M. 1949

Immediate cause of death: Dec 15

Coronary Occlusion

Due to

Due to

Other conditions

420.1
94a

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Edwin L. Lane M. D. or other

Address: Waldorf md Date signed 12/15/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
DEC 19 1949
BUREAU V. S.

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11705

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH: COUNTY Charles MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret — LENGTH OF STAY (in this place) 5 mos	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pomfret
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) (Last) Sowers				4. DATE OF DEATH (Month) 12 (Day) 20 (Year) 1949		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 20-1883	9. AGE last birthday 66 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mason Banks			14. MOTHER'S MAIDEN NAME Georganna Butler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Edna May Toye			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Accident — 5 mos

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Undetermined Probably Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8-27, 1949, to 12-18, 1949, that I last saw the deceased alive on 12-18, 1949, and that death occurred at 6 45/A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Percival C. Smith, M.D.	Indian Head, Maryland	12-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 12/22/49	NAME OF CEMETERY OR CREMATORY John Wesley	LOCATION (City, town, or county) Aquasco Md (State)
DATE REC'D BY LOCAL REG. 12/21/49	REGISTRAR'S SIGNATURE M. L. Moore	24. FUNERAL DIRECTOR Hunt & Ryon	ADDRESS Waldorf

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
DEC 29 1949
BUREAU-V. S.

11706

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town Laplata (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Four Days

Hospital, institution, or street address where death occurred: Physicians Memorial Hosp.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County St. Marys

City or town St. Georges Island Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME Thompson, Lilly

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.US.	Widow

6.(b) Name of husband or wife Bernard Thompson

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 8-27-1874

8. AGE:

Years	Months	Days	If less than one day
75	4	1	..... hrs. ..... min.

9. Birthplace St. Georges Island Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lonsey Gibson
13. Birthplace St. Georges Island Md.

MOTHER
14. Maiden name Elizabeth Dora Windsor
15. Birthplace Virginia

16. Informant James Albers, Son in Law

Address Indian Head Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/30/49 (month) (day) (year)

Cemetery or crematory St. Georges

Location Valley Lee, Md

18. Funeral director Jos. C. Mattingley

Address Leonardtown, Md.

19. 12-30 19 49 (Date rec'd by registrar) 1/2/50

Julia H. Pasey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-28-49- 19 ..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-749 19 ..... to 12-28-49 19 ..... and that I last saw her alive on 12-28-49 19 .....

Immediate cause of death Malnutrition

Due to Cancer of Uterus

Due to

Other conditions None

174
48 b

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION: 2 Mths.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James E. Childress M. D. or other

Address Indian Head Md Date signed 12-28-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
JAN 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11707

Reg. Dist. No. 105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waldorf
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) Ennis John (Last) Vanwert

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/27/08

9. AGE last birthday: 41 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saloon keeper

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Morganza Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Vanwert

14. MOTHER'S MAIDEN NAME: Laura Brookbank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary VanWert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Natural Causes — unknown — Minutes

795.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

2000 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James L. MacKavanagh, M.D., Deputy Medical Examiner, La Plata, Md. — 12-19-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/22/49 | NAME OF CEMETERY OR CREMATORY St Joseph | LOCATION (City, town, or county) Morganza Md (State)

DATE REC'D BY LOCAL REG. 12/21/49 | REGISTRAR'S SIGNATURE O. L. Mowbray | 24. FUNERAL DIRECTOR Plumtt & Ryon | ADDRESS Waldorf

RECEIVED
DEC 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11708

CERTIFICATE OF DEATH

Reg. Dist. No. 100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS: A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural La Plata | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Lavinia	Winters	12	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	Col.		7/20/03	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper		Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ignatius Butler	Julia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Henry Winters

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) C A. Cervix of Uterus	4-10-49
171 Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE C. Fiedler (Degree or title) M.D. ADDRESS La Plata Md DATE SIGNED 12-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/6/49	St. Josephs	Camfield, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/6/49	Julia H. Veazey	Hunt + Ryon Waldorf, Md

RECEIVED
DEC 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11709

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 100

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Charles — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Faulkner | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Chas
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Faulkner
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Eleanor (Last) Yates

4. DATE OF DEATH: (Month) Dec. (Day) 9 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: 3/5/17 | 9. AGE last birthday: 32 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housf. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Bellaton Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wm. Thomas Carter | 14. MOTHER'S MAIDEN NAME: Rose Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: George Thomas Yates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary tuberculosis — 13 months

002

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ~~Dec.~~ 9, 19~~49~~, to ~~19~~, that I last saw the deceased ~~alive~~ on Dec. 9, 1949, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L. MacKaracher, M.D. — ADDRESS La Plata, Md. — DATE SIGNED 12-9-49

State Medical Examiner

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 12/12/49 | NAME OF CEMETERY OR CREMATORY St. Ignatius | LOCATION (City, town, or county) (State) Bellaton, Md.

DATE REC'D BY LOCAL REG. 12/10/49 | REGISTRAR'S SIGNATURE Julia H. Posey | 24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon, Waldorf, Md.

RECEIVED
DEC 14 1949
BUREAU V. S.